USAMTS Entry Form

Year 15 – Academic Year 2003-2004

Last Name:	First Name	e:	—
Street Address:			
City:	State:	Zip:	
Grade in School:			
Email address:			
Your email address will be added mailing list providing information clearly.		9 ,	
(Optional) I give permission for made available to colleges, univer programs for recruitment purpose	rsities, potential emplo		
Signature:	Parent Signa	ture:	
(Optional) I give permission for NSA/USAMTS web site.	my name, school gra	ade, and state to be listed on	the
Signature:	Parent Signa	ture:	_

Your name might be listed on the USAMTS web site in connection with your solution to a USAMTS problem; alternately, your name might be listed as one of the people earning a commendation on a solution. We will ask for this permission on each USAMTS cover sheet.

PRIVACY ACT STATEMENT: The authority for requesting the information on this form is contained in 5 U.S.C. 1601 to 1616; 10 U.S.C. 2193a; and 50 U.S.C. 402 note. Blanket Routine Uses found at 58 Fed. Reg. 10,531 (1993) as well as the specific uses enumerated in GNSA 03 apply to this information. The information will be used to administer the USAMTS. Provision of the information requested is voluntary.